

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY FEB 1 8 1987

REGION III

841 Chestnut Building Philadeiphia, Pennsylvania 19107 EPA, R3

Re: Notification of Hazardous Waste Activity

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has received your Notification Form, which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, as amended.

We have reviewed the form and are returning it to you for clarification or missing information as indicated below:

	Location address inappropriate; complete street address is required.
<u>/X/</u>	Required items which are missing are encircled in red.
<u>//</u>	Signature/date missing.
//	The form was illegible. A new form is enclosed.

Please return the completed form together with this letter to the address indicated in the letterhead no later than 28 Feb 1987

EPA will consider you as having not notified and in violation of Section 3010 of the Act if you do not complete and return this form by the date indicated.

If you have any questions pertaining to the Notification Form call 215-597-2780.

Sincerely.

Robert G. Krame'r, RCRA Support Section

Waste Management Branch

Attachment

Chemetals Incorporated EPA ID# Request:

This facility will be receiving by-product materials as feed stock for beneficial reuse. Many suppliers are requesting an EPA identification number because they choose to use this number in their shipping manifests.

RECEIVED PA SECTION

FEB : 9 1987

EPA, R3

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

841 Chestnut Building Philadelpitin, Pennsylvania 19107

CHEMETALS

SUBJECT: RCRA Inspection

MDD 03 8962

DATE: 10/28/1

FROM:

Vernon Butler, Environmental Engineer

DELMARVA/DC/WV RCRA Enforcement Section (3HW15

TO:

FILE

THRU:

John A. Armstead Chief

DELMARVA/DC/WV RCRA Enforcement Section (3HW15)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY

REFERENCED ADOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS

RIQUIRED AT THIS TIME.

CET



State of Maryland Department of Health and Mental Hygiene Office of Environmental Programs 201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observation	ons:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date
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State of Maryland Department of Health and Mental Hygiene Office of Environmental Programs 201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observations:	1 of plant	Date
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Observer:		
Observer:	Person Interviewed:	

Name Harge

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HAZARDOUS WASTE DATA MANAGEMENT SYSTEM MAINTENANCE FORM FOR NOTIFICATION

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	New Facility N	ame /Positi	Maarp	potora	-Balt
	Panti K	Olli First,	M) N	Maner ef	M(30) 636-7158 Tel No.
	MAILING	Street	- 711 F	antti	n Road
	ADDRESS	City	Balti	mose	
	LOCATION	Street			
	ADDRESS	City			StateZip
	County Name				County Code
	Owner Name				Operator Name
21	Dance	Page	1		
366	Activity code	MD 21Tsd or Burr Mark to r Marke	ablo n o Burn	6. Of A B C.	Fuel Activities f-Spec Use Oil Fuel Gen Mark to Burn Other Marketer Burner Spec Used Oil Fuel Mark
	Waste Fuel Bur Utility Bo	n :] iler _	Type of Co Ind. Bo	oabustice D	<u>evice</u> Ind. Furnace
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Please refer to the Instructions for Fining Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

& EPA

Notification of Regulated Waste

Date Received (For Official Use Only)

Form Approved: INE 15 U.S. U.S. L. K.

United States Englishmental Protection Against

I. Installation's CPA ID Number (Mark 'X' in the appropriate flow)											
A. First Notification B. Subsequent Notification C. Installation's EPA ID Number											
(complete item C) MDD03886276	9										
II. Name of Installation (Include company and specific afte name)											
CHEMETALS INCORPORATED-BALT											
III. Location of Installation (Physical address not P.O. But or Route Number)											
Street											
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Street (confinued)	$\neg \neg$										
City or Town											
City or Town											
County Code Courty Name											
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I ANNE ARUNDELICOUNTY											
IV. Installation Mailing Address (See Instructions)											
Street or P.O. Box											
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Call or Count											
BALTIMORE MDZIZOG-											
V. Instancial College Control of the											
Name (last)											
PRATT											
Job Co.											
MANAGER OF SAFE301-636-7158	M. T.										
W. Installation Contact Address											
	98 V.S.										
711 PITTMAN ROAD											
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BALTIMORE MDZ1206-											
CHEMETALS INCORPORATED											
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711 PITTMAN ROAD											
BALTIMORE MD21226-											
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c. Less than 100 kg	mo (220 - 2,200 lbs.) n/mo (220 lbs.)	4. Hazardous Was		a, Other Merkerer
	Mode in boxes 1-5 belo	The state of the s	farieting to Burner	o. Burner - indicate device Type of Combustion D
a. For own waste o		c. Burner - Im	disale device(s) -	1. Utility Boiler
b. For continuous Mode of Transportal		Type of Co	Militarion Device	2. Industrial Boiler 3. Industrial Fuma
1. Air			strial Boiler	, and a line of the last the l
2. Rus			esthat Flirmece	2. Specification Used Oil Fuel
3. Highway		5. Underground in	jection Control	(or Cin-stille Burner) Who Fi the Oil Malets the Specifica
IX. Description of Rec	lated Wastes (Use a	dditional sheets if n	cessary)	The state of the s
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B. Listed Hazardous Wa	stes. (See 40 CFR 261.3)	1 - 33. See instructions	if you need to list more th	an 12 waste codes.)
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C. Other Wastes. (State of	or other wastes requiring	an I.D. number. See in	structions.)	**************************************
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and all attached doc	uments, and that b	ased on my inqui	ry of those individua	als immediately responsil
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imprisonment.				· · · · · · · · · · · · · · · · · · ·
Signature	O Na	me and Official Title	(type or print)	Date Signed
Katrina	1 1 1 1 1	ATRINA PRI		1 1 1 T
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SHIPPED OFFS IT				

CHEMETALS

April 1, 1991

Maryland Department of Environment Hazardous Waste Program 2500 Broening Highway Baltimore, Maryland 21224

ATTENTION: SUBSEQUENT EPA NOTIFICATION OF REGULATED WASTE ACTIVITY CHANGE IN INSTALLATION MAILING ADDRESS

Dear Sir or Madam:

Enclosed please find a completed and signed subsequent EPA Notification of Regulated Waste Activity Form 8700-12. The form has been revised to reflect the site's present installation mailing address and installation contact person.

If any questions should arise, kindly contact me at the telephone number listed above.

Sincerely,

Katrina Pratt

Katrino Pratt

Manager of Safety and Environmental Engineering

kp/enclosures



RECEIVED GENERAL STATE SECTION

APR 2 5 1991

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HAZAEDOUS WASTE DIVISION

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	2	3	4	5	6
7	8	9	10	11	12
B. Hazardous Wastes from specific sources your ins				32 for each listed hazar	dous waste from
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				-	
19	20	21	22	23	24
25	26	27	28	29	30
C. Commercial Chemical P	roduct Hazardous Was	stes. Enter the four-digi	t number from 40 CFR f	Part 261 33 for each ch	emical substance
your installation handles	which may be a hazard	lous waste. Use addition	nal sheets if necessary.		
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37	38	39	40	41	42
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D. Listed Infectious Wastes pitals, or medical and res					tals, veterinary hos-
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. Characteristics of Nonlis			corresponding to the ch	aracteristics of nonlist	ed hazardous wastes
					□
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Signature .	2		cial Title (type or print)		e Signed
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EPA Form 8700-12 (Rev. 11-85) Reverse

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Hozardous Walley

ID — For Official Use Only